PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004  10/698/156													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS 29								RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		8.	ASIC FEE	150.00	OR	BASIC FEE	300.00	
TOTAL CHARGEABLE CLAIMS			29 minus 20=		. 9		7	X\$ 25=		OR	X\$50=		
INDEPENDENT CLAIMS			4 Minus 3 =		1	• /		X100=	<del>                                     </del>	1	X200=	<del>                                     </del>	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT				H		<del>                                     </del>	OR		<b></b>	
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	ᆫ	+180=	<u> </u>	OR	+360=		
							7	TOTAL		OR	TOTAL	<u></u>	
2/18/05 (Column 1) (Column 2) (Column 3)							Ş	SMALL I	ENTITY	OR	OTHER SMALL E		
AMENDMENT A	<del>                                      </del>	CLAIMS REMAINING AFTER AMENDMENT	•	HIGHI NUME PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA	·	RATE	ADDI: TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	. 29	Minus:	2	9	=	5	K\$ 25=		OR	X\$50=		
AME	Independent	• '4	Minus			=	7	X100=		OR	X200=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+180=		OR	+360=		
								TOTAL DIT. FEE			TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)							D11.1 CC =			WD11. 1 EE -		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	.nn ;		=	×	<b>(\$ 25=</b>		OR	X\$50=		
AME	Independent	* NTATION OF MU	Minus	***	C1 A184	=	×	(100=	·	OR	X200=		
Ш	FINST PRESE	NIATION OF MO	LIPLE DEF	ENDEN	CLAIM		T.	180=	-	OR	+360=		
<b></b>								TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)								<i>J</i> 11 LL <u> </u>		, ,	WUII. PECE	<u> </u>	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	EST BER FUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		2	X	\$ 25=		OR	X\$50=		
AME	Independent		Minus	***	· ·	=	x	100=		OR	. X200=		
`1	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		-				- 1	-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR L	+360= TOTAL	·	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT: FEE ADDIT: FE													

Application or Docket Number